

MEMORANDUM

DATE:

TO: Manager, DWPC/FOS, CHOOSE REGION Region

FROM: CHOOSE MANAGER Unit

SUBJECT: "Type discharger name"
"Type facility name"
NPDES Permit No. IL00 "Type permit number"
Draft Permit, Public Notice/Fact Sheet

Please review the attached Concentrated Animal Feed Operation (CAFO) permit , and notify the Facility Evaluation Unit if you take exception to the limitations, sampling frequency, sample type or other requirements therein.

If no response is received within fifteen (15) days from the date of this memorandum, we will assume that you concur in the issuance of the Public Notice.

If you have any questions, please contact "Type permit engineer" at 217/782 0610.

Thank you for your cooperation.

INITIALS:"Type notice number"

Attachments: Draft Permit, Public Notice/Fact Sheet

cc: Records Unit